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Director of Personnel

Attached are excerpts from a paper on  
"Medical Standards" submitted to the Deputy  
Director for Support on 16 January 1968.  
These excerpts pertain to our discussion of  
17 October in regard the desirability of  
taking a combined approach in the handling of  
cases refractory to established procedures.

Director of Medical Services

18 Oct

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Director of Security

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Not every case referred to the Medical Office is grist for medical procedures. There is a category of individuals whose behavior is best described as maladaptive and who may be referred to the Medical Office for fitness for duty evaluation. Such individuals are found not to be ill, are not candidates for treatment, and not subject to the usual medical dispositions. And yet, something is manifestly wrong with such individuals as they persist in their maladaptive patterns, seemingly refractory to discipline and education.

While the management of such cases is not immediately amenable to supervisory or medical practices, it is possible that appropriate disposition may be effected through a combined approach. Attached is a more detailed consideration of some possible aspects of combined handling.

**Proposal 2:**

It is proposed that the Director of Medical Services form a planning group with representatives from each of the Directorates and from the Offices of Personnel, Security, and General Counsel to consider the mechanisms of a combined system as outlined in the attachment and to submit a recommendation to the Executive Director-Comptroller within a 6-month period as to findings.

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A PROPOSAL FOR THE COMBINED ADMINISTRATIVE AND  
MEDICAL HANDLING OF CERTAIN PROBLEM CASES

1. Background

a. The following proposal addresses itself to the problem posed by certain employees whose adjustment to the requirements of Agency service is unsatisfactory by reason of continuing behavior maladaptive to Agency employment, rather than by symptoms of illness in the usual sense, which would render them disabled. While the problem behavior of such individuals leads to unsatisfactory work production, or is otherwise disruptive to the organization, it frequently falls short of work failure or other actions of such degree at any given point in time as clearly to justify termination of employment on purely medical, disciplinary, security, or other administrative grounds.

b. The administrative position in such cases is frequently further complicated by the fact that such employees may well complain of mild, transient physical or nervous symptoms. These symptoms typically appear under mild environmental stress, and disappear when the immediate stress is relieved. Nevertheless, in the face of such complaints, the supervisor is disadvantaged in dealing with the situation without benefit of medical advice. Such cases are commonly referred to OMS for examination for fitness for duty.

c. Upon examination of these employees, the usual medical experience is that no evidence of physical or mental disability can be demonstrated. They usually deny illness or disability, or any personal contribution to their own difficulties. While OMS recognizes the maladjustment to Agency service, it is hardly defensible to regard these employees as disabled or unfit by reason of illness. On the other hand, to report them as fit for duty, with the implication that there is no medical problem, does not do justice to the real situation, and is not of much help to the supervisors in dealing definitively with such a problem employee. It is obvious to all concerned that something is awry with the employee, which shows itself in disruptive behavior patterns.

d. What these employees do show upon medical and psychiatric examination are underlying personality characteristics of varying nature and degree, which, while not causing symptoms significant of illness or disability, do significantly impair the individual's adaptability to nature responsibilities, to the requirements of other people, and to a wide variety of environmental stresses otherwise. These personality traits may be clearly identifiable on the basis of an accurate history of behavior, together with the psychiatric examination. They may be clearly distinguishable from other medical conditions constituting illness and disability, with the symptoms thereof. These deep-seated, underlying personality traits,

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- (3) The referral has to be made in an open and fully demonstrated way.
- (4) The determination of unsuitability is an administrative-command prerogative and responsibility, based upon a variety of evidence, including OMS findings.
- (5) The legal and humane rights of the individual must be assured of protection in the process.
- (6) Relevant medical examinations may properly be conducted and opinions rendered in response to proper and valid administrative requests therefor.
- (7) The basic concepts and safeguards of the military system of handling such cases could be adapted to requirements of the Agency, particularly the features of full and fair hearings before impartial administrative boards, with the right of appeal.
- (8) Such a mechanism within the Agency would not preclude the use of any existing administrative or medical procedures but would be in addition to them.
- (9) Such procedures would provide an effective means of dealing with certain troublesome cases which, as a matter of actual experience, do not currently come to timely and satisfactory resolution.
- (10) In order that the system be effective, and not be misused through misunderstanding, administrative-medical collaborative staff work would be a necessary preliminary to formulating in complete and explicit detail exactly how it would be implemented.

### 3. The Proposal

a. The OMS proposes that the Agency adopt an administrative method of handling cases of maladaptive behavior which provides for administrative referral for OMS evaluation, with subsequent referral of those cases identified as unsuitable for full and fair hearing before an impartial administrative board.

b. This board would review all evidence from administrative and medical sources, hear testimony as indicated, and make a determination of Suitability or Unsuitability. The board would then forward its records of the case, together with its findings and determinations, through established channels, to the DCI for his action. The board would be so constituted and appointed as to ensure its impartiality and authority to

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together with a demonstrated lack of motivation to change, as a practical matter cannot be expected to change significantly through psychiatric treatment or other rehabilitative measures. For want of a better term, these employees might be described as "unsuitable" for continued Agency employment.

## **2. Unsuitability**

a. The Agency has recognized for some years the existence of cases of employees who are unsuitable for Agency employment rather than medically disabled. Attempts to deal with such cases have been reflected in the formation of the Personnel Evaluation Board, and the previous Agency Disposition Board. By way of considering more effective measures for handling these types of cases, a recent review has been made of procedures for the handling of cases of unsuitability in the military.

b. The military service has recognized this kind of problem, and has devised means of dealing with it, so that the welfare of the unit is protected, as well as the humane and legal rights of the individual. In the military service, such individuals are regarded not as fit, or unfit, or disabled for service, but as unsuitable because of deep-seated personality traits, manifesting themselves in behavior which is maladaptive to military service. Such an individual is referred by his command for medical and psychiatric examination. Where it appears to the medical examiners that he is unsuitable for service by reason of his personality defects, rather than illness, he is referred back to the command with such finding for administrative disposition. This administrative disposition is usually discharge from the service. Where the individual rebuts the medical opinions, and the contemplated administrative disposition, his case is referred to an impartial administrative board, before which he may appear in person, with benefit of legal counsel, for a full and fair hearing, with the right of appeal, and with subsequent review of the board's proceedings by higher administrative authorities. Final decision is made and action taken by the secretary of the military department involved.

c. The professional staff of the OMS recognizes the existence of cases of unsuitability within the Agency. Following careful staff study of the problems involved, the staff is in agreement on the following essential points:

(1) Cases of unsuitability are identifiable within the Agency through administrative-medical collaboration.

(2) The referral of cases of persistent maladjustment to OMS for medical examination is an administrative responsibility.



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make the indicated determination. The case files and the record of the board's proceedings might well be reviewed by the Agency's legal and personnel authorities for their approval of the legality of the proceedings, and for observance of personnel policies, prior to submission of the case to the DCI.

c. A mechanism would be provided to protect the individual's right to appeal the board's findings and determination. This mechanism might be provided by a board of appeals, before which the employee could appear, or by access to an authority higher than the original board. Where the right of appeal is exercised, the case is ultimately submitted to the DCI for action.

d. The original administrative referral for medical evaluation could properly be made through existing mechanisms for evaluation for fitness for duty. In those cases where OMS findings raise the question of unsuitability, OMS would so report in writing to the head of the employee's career service, to the administrative (suitability) board, and to such other authorities as may be determined to be proper. Further action on the case will then lie with the Agency's command authorities.

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